

that, with these resources, can really give children a chance to develop their full potential. If there is anything we should do as a Senate, it is to make sure each child has that chance. The bad news is, I say to my colleague, in Minnesota so many students could be helped, but we don't have the resources. There are schools in Minnesota with up to a 65-student population that don't receive a cent because by the time it is allocated in the cities, the schools aren't eligible, and those kids don't receive the help. It is just as big an issue in rural areas.

Mr. KERREY. Mr. President, this is not a situation where we don't know what to do. This is a situation where there is an answer and we simply are not doing it.

Mr. WELLSTONE. That is correct. This is really just harping on the complexity of it all is the ultimate simplification. We know what to do, and it has worked. We need to make more of a commitment.

Mr. THOMAS addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming.

ORDER OF PROCEDURE

Mr. THOMAS. Mr. President, I ask unanimous consent to follow Senator CLELAND for 10 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

PATIENTS' BILL OF RIGHTS

Mr. WELLSTONE. Mr. President, my understanding is that we have not reached an agreement with my colleagues on the other side of the aisle about how we can have a serious, substantive, and important debate about health care, about patient protection in our country. The latest proposal as I understand it from the Republicans basically would amount to Democrats having an opportunity to maybe introduce four amendments. That would be it. Again, I challenge my colleagues on the other side of the aisle, as I said yesterday, to debate this.

The evidence is irrefutable and irrefutable: When it comes to who is covered, the Republican plan covers 48 million people, the Democratic plan covers 163 million people. That is a huge difference.

Republicans argue that we rely on States for the coverage, once we deal with what is called the ERISA problem. Our argument is that a child, a family, regardless of where the child lives, where the family lives—be it Mississippi or Minnesota—ought to have some protection. People ought to have the right, or the assurance, that if their child has a serious illness, they will be able to have access to the best care. That assurance for a family should extend to all citizens in our country. It shouldn't be based upon

what different States decide or where a family lives.

I repeat, 163 million people with some protection versus 48 million people. It is no wonder my colleagues on the other side of the aisle don't want to debate patient protection.

In the Health Committee, where we wrote this bill, I had an amendment that dealt with the Republican "gag" clause. This amendment would prohibit retaliation by a health plan when a doctor advocates for a patient. There were two parts: First, it said that plans can't penalize doctors who advocate for patients during an appeal process; and, second, it protected licensed and certified health care professionals from retaliation if they reported some problems with the actual quality of care being provided in a hospital or by a plan. Presenting this information to a regulatory authority or private accreditation organization is called whistleblower protection. This amendment was defeated, I think, on a 10-8 vote. It is no wonder the Republicans in the Senate don't want to debate patient protection.

The front page story today says doctors are going to unionize. The American Medical Association announces doctors are going to unionize. No wonder, when doctors don't have protection if they advocate for a patient during an appeal process, when one of these managed care plans, owned by one these insurance companies practicing bottom-line medicine, and the bottom line is the only line, and the plan decides the patient is not going to be able to see a pediatrician who specializes in oncology.

If a child is ill with cancer and that family makes an appeal, if the doctor is there for that family and says, yes, that child needs to see this expert, there is no protection in the Republican plan. There is no whistleblower protection for doctors who say, I have to speak out, I have to say this plan, or this hospital, is not providing the kind of care that people deserve. I don't blame my Republican colleagues for not wanting to debate patient protection.

This chart shows whether or not you will have guaranteed access to specialists. The Republican plan has a little bit of access; the Democrats' plan makes it clear that people will have access.

When it gets to the question of who is going to define medical necessity—that is a critical issue—we make it clear that the provider defines medical necessity, not a 1-800 number you call where you have utilization review by people not necessarily qualified, working for insurance companies that are just trying to keep costs down.

When it comes to the issue of choice of doctor, points-of-service option, being able to find a doctor outside your plan, and making sure your child who

needs to see that doctor can see that doctor, we are clear: Families should have that option. The Republican plan doesn't support that. No wonder they don't want to debate.

When it comes to whistleblower protection for providers who advocate for their patients to make sure they don't lose their jobs, the Republican plan doesn't provide the protection. The Democrat plan does. No wonder my colleagues don't want to debate.

When it comes to the concerns and circumstances of women's lives vis-a-vis a health care system that has not been terribly sensitive and responsive to women, or with special emphasis on children and access to pediatric services, or making sure that people who struggle with mental health problems or substance abuse problems are not "defined" out and are not discriminated against, I don't see the protection in the Republican plan. We try to make sure there is that protection.

These are two plans, two proposals, two pieces of legislation where the differences make a difference.

I say one more time to my Republican colleagues, I have been trying to engage people in debate for 2 days. I will yield for any Senator who wants to debate, on my time, so I can ask questions. That is what we should be about. The Senate should be about deliberation and debate. It shouldn't be about delay and delay and delay and delay.

It may be that we will not get the patient protection legislation on the floor today, Thursday, but we will get this legislation on the floor. We will continue to bring up these problems that the people we represent have with this health care system right now. We will continue as Senators to advocate for families, to advocate for consumers, to advocate for children, to advocate for women, to advocate for good health care for people.

If I had my way, the Democratic Party would be out here on the floor also calling for universal health care coverage. We will get there. At the very minimum, let's make sure there is decent protection for consumers.

I say to my colleagues, I have carefully examined your patient protection act. I think it is the insurance company protection act. We went through this in committee. We went through the debate in committee. I see a piece of legislation that pretends to provide protection for people, but once we have the debate and once we get into specifics, I think people in the country are going to be furious. They will say, don't present us with a piece of legislation with a great title and a great acronym that has no teeth in it, that has no enforcement in it, and that will not provide the protection we need.

That is why the majority party, the Republican Party in the Senate, doesn't want to debate this. Republicans in the Senate right now—I hope

this will change—do not want to have to come to the floor and debate amendments. They don't want to have to argue why they don't cover a third of the eligible people. They don't want to have to argue why they don't want to make sure families have access to specialized services. They don't want to argue why they don't want to provide doctors with whistleblower protection. They don't want to argue a whole lot of issues that deal with patient protection.

When you want to debate is when you really believe you are right. When you want to debate is when you really think you have a piece of legislation that will lead to the improvement of lives of people. When you want to debate is when you have a piece of legislation that is consistent with the words you speak and you know you are not trying to fool anybody; you know it is authentic; you know it is real.

When you don't want to debate, I say to my Republican colleagues, is when you have a whole set of propositions you cannot defend. When you don't want to debate is when you know in the light of day, with real debate, with people challenging you, you can't defend your proposal. When you don't want to debate is when you are worried you will get into trouble with the people in the country because you haven't done the job.

That is what is going on.

One final time, I come to the floor of the Senate to urge my Republican colleagues to be willing to debate this question.

Let me make a connection to what Senator KERREY said earlier, because it is so important to me. If there is anything we should be about as Senators, it should be about focusing on good education, opportunities for children, good health care for people, making sure families don't fall between the cracks. These are the issues that people talk about all the time in our States. That is what we ought to be focusing on right now.

I yield the floor.

The PRESIDING OFFICER (Mr. ROBERTS). The Senator from Georgia is recognized.

Mr. CLELAND. Mr. President, I thank my distinguished colleague from Minnesota for his remarks today on the subject of health care and HMO reform, and particularly his strong advocacy for what has become known as the Patients' Bill of Rights.

I would like to report to my colleagues in the Senate the most recent Kaiser Family Foundation/Harvard University survey reports that problems with managed care are, indeed, growing and that Americans are increasingly worried about how their health care plan will treat them. The survey found that in 1998 as many as 115 million Americans either had a problem or knew someone who had a problem with a managed care plan.

A number of provisions have been included in the Patients' Bill of Rights to maintain the sanctity of the provider-patient relationship, basically known as the doctor-patient relationship. We used to think that was sacrosanct. Unfortunately, it is not today under many HMO plans. Health plans frequently impose restrictions on that relationship by taking it upon themselves to determine the most appropriate treatment. These determinations are often made on the basis of costs rather than what is in the patient's best interest. The fact that health plans are now making medical decisions that were traditionally made by the treating physician really causes me great concern. I think it concerns a number of Members of this body.

If health plans continue to arbitrarily define medical necessity, patients will be ultimately denied the health care they were promised. In this HMO debate, this debate on reforming health maintenance organizations, I do not think there is any more pressing issue than ensuring that patients are protected against the practice of some health plans of having insurance bureaucrats determining medical necessity rather than trained physicians. I think that is an incredible abuse of the system. I think it is terrible when we treat people based on financial necessity rather than medical considerations.

Health plans, I don't think, should interfere with decisions of treating physicians when those decisions concern a covered benefit that is medically necessary, according to that physician, and appropriate based on generally accepted practices and standards of professional medical practice. It seems to me that is common sense.

The Patients' Bill of Rights protects the sanctity of the doctor-patient relationship by allowing physicians, not accountants, to make medical necessity determinations. I think that is critical. In addition, some managed care organizations use improper financial incentives to pressure doctors to actually deny care to their patients—incredible. The Patients' Bill of Rights, I think, will go a long way to stopping this practice.

I would like to share one personal experience. I am glad that when I was wounded in Vietnam I was not covered by a HMO. I am glad I was covered by the full faith and credit of the U.S. Government. I could see myself laying there after the grenade went off, trying to call an insurance bureaucrat, being told my conditions were not covered by what was in the plan and, second, I was not cost effective.

I am afraid more and more Americans are experiencing that, which is why I personally support the Patients' Bill of Rights. Many of my colleagues do as well.

I appreciate the opportunity to discuss this important issue in the Sen-

ate. Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative assistant proceeded to call the roll.

Mr. THOMAS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AGRICULTURE APPROPRIATIONS

Mr. THOMAS. Mr. President, I rise today to talk for a few minutes about agriculture appropriations. That is the bill that is before us. It is one I believe is particularly important. But I want to talk, really, about the need for us to be doing the necessary work of the Congress to be moving forward with our appropriations bills to keep the Government operating. These are the things we have before us. We have to pass 13 bills before this Congress is adjourned, before the 30th of September. We have to do this to keep the operations of the Government moving, particularly in the area of agriculture where we are having one of the toughest times we have had in the economics of agriculture, all over the country. It has been very difficult. Of course the appropriations bill for agriculture will be there to help. There will be other things done as well, but this is the basic effort we will have to make.

I am very sorry to say our colleagues on the other side of the aisle have seen fit to delay this bill by using stalling tactics and bringing up unrelated amendments that have caused us not to be able to move forward. This is not a question of which issue is most important. We believe, with all of these issues, it is a question of an orderly process of moving forward to do the things that we have to do to accomplish our assignments.

I am sorry to say we are not able to do our job. It has been derailed by what I believe is simply an effort to bring partisan political issues to this debate which really do not have a place in this situation.

One, we need to move forward with the appropriations bills; there is no question about that. Two, we are dealing with patients' rights, which we have dealt with before and with which we continue to deal. It is not a question of being willing to do it. We have a Republican bill for patients' rights.

Are there some disagreements, some differences? Of course. We have been talking about this for more than a year. It is completely inappropriate to bring it up now and use it as a stalling tactic.

The unfortunate part is this is not the first time we have had it happen. We had it happen just 2 weeks ago when we were talking about Social Security, and we were unable to move